



PEOPLE OF CHRIST INTERNATIONAL CHURCHES DIOCESE

MONTHLY ORDAINED PASTORS REPORT

MONTHLY CHURCH REPORT CARD 2026-2027

1. GENERAL INFORMATION

Church Name: _____ Church Registration No. _____
 Denomination / Ministry: _____ Address: _____
 City / State / Country: _____ Contact Number: _____
 Email ID: _____ Email ID: _____

2. CHURCH LEADERSHIP DETAILS

Senior Pastor / Bishop: _____
 Associate Pastor(s): _____
 Church Secretary: _____
 Treasurer: _____

3. REPORTING PERIOD

From: _____ To: _____

4. ATTENDANCE REPORT

Category	Male	Female	Children	Total
Regular Members				
Visitors				
New Believers				

5. MINISTRY & SERVICES CONDUCTED

- Sunday Worship Prayer Meeting
 Bible Study Musical Instruments
 Fasting Prayer Special Services

9. CHALLENGES & PRAYER REQUESTS

10. Achievements & Testimonies

3. ATTENDANCE REPORT

Category	Male	Female	Children	Total
Regular Members				
Visitors				
New Believers				
Baptized (This Period)				


5. WORSHIP & SERVICES CONDUCTED

- Evangelism / Outreach Home Prayer Meetings
 Youth Ministry Yorrath Ministry
 Women's Fellowship Children's Miniship
 Chidren's Ministry Charity / Social Work

7. FINANCIAL SUMMARY

Description	Amount	Fev seck
Opening Balance		
Offerings / Tithes		
Donations		
Total Income		
Expenses		
Closing Balance		

11. DECLARATION

Name: _____ Designation: _____
 Signature: _____ Church Seal: 

† "For we are laborers together with God." — 1 Corinthisans 3.9



सत्यमेव जयते

ALL INDIA CHRISTIAN CHURCHES REGISTRATION FORM

(Under the British Indian Government Act, 1927)

Government of India

CHURCH REGISTRATION DETAILS

Name of Church Pastor: _____

Full Name of Church (IN CAPITAL LETTERS): _____

City / Place: _____

Number of Church Members: _____

Mobile Number: _____

Email ID: _____

Aadhaar Number: _____

Registration Fees Paid: _____

* DECLARATION *

I hereby decelarlare that the information furnished above is true and correct to the best of my knowledge and belief. I agree to abide by the rules and regulations applicable under the British Indian Government Act, 1927.

Signature of Applicant / Pastor: _____

Date: _____ Place: _____

Date: _____



PEOPLE OF CHRIST DIOCESE MISSION INDIA & NEPAL

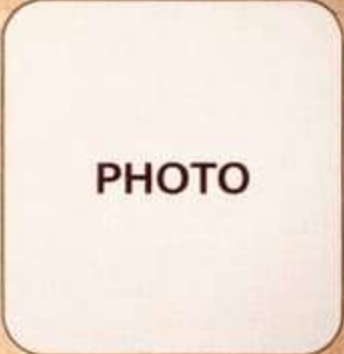
APPLICATION FOR JOINING POC DIOCESE

CENTER OFFICE

Mahatma Gandhi Rd, Opp. Legislative Assembly, University of Kerala Senate House Campus,
Palayam, Thiruvananthapuram, Kerala 695033

To be Filled up by Pastors Rev Bishop Apostle Prophet

- 1. Name of the Pastor/Bishop
- 2. Father's Name
- 3. Mother's Name
- 4. Occupation
- 5. Permanent Address
- 6. Local Address
- 7. Mobile Number
- 8. Number of People
- 9. State
- 10. Date of Birth
- 11. Why you join POC?
- 12. Married/Unmarried
- 13. Date of Application



15. Telephone No. (To be Filled up by Diocese Office)

Signature of Arch Bishop
Date 202.....

Signature of General Secretary People Of
Christ Diocese Mission India & Nepal
Date 202.....

Mob.: 9250008671, 9453242594

Email: podiocese@gmail.com

Website: www.pocdiocese.com



PEOPLE OF CHRIST INTERNATIONAL BIBLE COLLEGE

ADMISSION FORM

BTH. CTH. MTH. MDIV. D.TH. D.TH. D.D. BD P.HD.

To
THE PRINCIPAL SIR PEOPLE OF CHRIST INTERNATIONAL BIBLE COLLEGE
Mahatma Gandhi Rd, opp. Legislative Assembly, University of Kerala Senate
House Campus, Palayam, Thiruvananthapuram, Kerala 695033

Full Name (As per your board Mark Sheet)

Father's / Husband's Name

Date of Birth **Your Mother Tongue**

Permanent Address House No.:

Post Office : **Dist :** **Pin.:** **Pin**

State : **Phone No.:** **Fax :**

Present Address No. :

E-mail : **Phone No.:** **Fax :**

Pastor's Name Church Full Address

Post Office : **Dist.:** **Pin.:**

In Which Language You Want to Study (English/Hindi)

Marital Status Unmarried/Married **Children :**

When Did You Baptized?

Date:

Signature



APPLICATION FOR ORDINATION

ORDINATION FORM FOR PASTORS, REV, BISHOP, APOSTLE, PROPHET

Contact : 0512-267813 Ph: **94532425954**
 WhatsApp: 9250008671 **9250008671**

(To be Filled up by Pastors, Rev, Bishop, Apostle, Prophet)

- 1. Name of the Pastor/Bishop
- 2. Father's Name
- 3. Mother's Name
- 4. Occupation
- 5. Permanent Address
- 6. Local Address
- 7. Mobile Number
- 8. Number of People
- 9. State
- 10. Date of Birth
- 11. Why you join poc?
- 12. Married/ Unmarrid
- 13. Date of Application
- 14. Signature of Pastor
- 15. Telephone No.

(To be filled up by Diocese office)

Signature of Diocese Bishop
 Date 202.....

Signature of ArchBishop
 Date 202.....

Signature of the office Diocese Incharge

POC अंतरराष्ट्रीय डायोसिज

संन्यास प्राप्त - पादसी विवरण प्रपत्र

कृपया सभी विवरण सावधानी पूर्वक और सही-सही भरें

1. पूरा नाम: _____

2. पता: _____

3. व्हाल्मएप नंबर: _____
4. कौलिन नंबर: _____
5. ई-मेल ID: _____
6. चर्च का नाम: _____
7. आपका चर्च कितने वर्षा पुराना है: _____

घोषणा

मैं यहाँ प्रोपवा करता/करती हूँ कि मेरे द्वारा उपर हिप् गए सभी जानकारी " द्वाछी और सास है. मैं समहता/सगइती हूँ कि गलत जानकारी हैंनं सें मेरे सेन्याथ रतेनडै के अस्वीकार पा रद्द होने की संभावना हो सकती है.

हस्ताथर: _____

तारीख: _____